



LIFEGUARD

Competency Assessment & Performance Record

023448

A Note to the Employer
This record documents the competency and skills performed by the student at the completion of the StarGuard course.

The Competency Assessment & Performance Record is provided for use by the employer. Official course records are maintained by the Independent Training Center that conducted the course.

Completion of a StarGuard course does not guarantee future performance nor imply complete training for every circumstance. It is your responsibility as an employer to verify competency, provide site-specific training and supervision, and monitor job performance.

We encourage you to use this file to document site-specific training by completing the section below. This file should also be used to hold in-service records, performance evaluations, or other items that verify competency on an ongoing basis.

To retain StarGuard certification, skills must be assessed every year, using a new Competency Assessment & Performance Record.

To be completed by Employer:

Site-specific Training Record Date
☐ Emergency Action Plan
☐ Equipment and attractions
☐ Communication signals
☐ Rules and policy
☐ Safe chemical handling/MSDS
☐ Biohazard clean up policy
☐ Competency in _____ ft of water
Other: ☐

Site-specific training records for additional employees should be recorded on a separate form and kept in this file.

Last Name Risicardi First Name Joseph Middle Initial N
Street Address 14 Washington Dr
City Acton State MA Country U.S.A. Zip Code 01720
Home Phone (978)-264-9706 Work Phone (617)-388-7826 ☒ Male ☐ Female
Date of Birth 11/02/92 Email address nriscardi@yahoo.com

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives; that it is my responsibility to: 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR and first aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment; that I may be photographed at any time when performing lifeguard duties; that competency assessment of my performance may be conducted at any time; that my image may be used in training or promotional materials produced by the Spanish Aquatics Institute or Human Kinetics Publishers.
Signed [Signature] Date 3/8/09

Training Record

☐ New StarGuard ☒ Renewal StarGuard ☐ Challenge/Crossover

Date(s) 3/8/09 Type of course

Location: Acton - Boxboro ☐ Traditional instructor led classroom/pool

High School ☐ Blended - Online Self-Study (Part A)

☒ Blended - Instructor Led (Part B)

☒ Renewal/Challenge Instructor Led

Type of course

Date(s) _____ ☐ Traditional instructor led classroom/pool

Location: _____ ☐ Blended - Online Self-Study (Part A)

☐ Blended - Instructor Led (Part B)

☐ Renewal/Challenge Instructor Led

To be completed by Instructor:
I certify that: This individual has met the course requirements and demonstrated reasonable competency via written test and skill performance assessment and qualifies for completion certificates in:

☐ Waterpark StarGuard, Date _____ Instructor Number _____

☐ Waterfront StarGuard, Date _____ Instructor Number _____

☐ Wilderness StarGuard, Date _____ Instructor Number _____

Specialty training can be conducted concurrently with a StarGuard course or as a separate module.

To be completed by Instructor: I certify that: This individual has met the course requirements and demonstrated reasonable competency via written test and skill performance assessment and qualifies for completion certificates in:

- Spanish Aquatics Institute StarGuard, American Safety & Health Institute Basic First Aid, Bloodborne Pathogens, CPR Pro for the Professional Rescuer, American Safety & Health Institute Emergency Oxygen

This student's record will be entered into the national registry and the course training records will be maintained according to the Training Center Administrative Guidelines.

The student demonstrated competency in 10.5 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Lead Instructor Signature [Signature] Number 150

Training Center Affiliation: Sum Lifesaving
Phone: (617) - 945-1191

Lifeguard

Certification Card

StarGuard®

Joseph Ricciardi

has successfully completed and competently performed
the required knowledge and skill objectives

Includes American Safety & Health Institute (ASHI) for the Professional Rescuer (Adult, Child, Infant)
Basic First Aid • Bloodborne Pathogens • Emergency Oxygen



Starfish Aquatics Institute®
Saving Lives One At A Time®

STARFISH AQUATICS INSTITUTE APPROVED CERTIFICATION CARD

Jason Malinowski

3/8/09

Vehicle Number

158

10.5'

Water depth is

023498

Certification Number

3/8/10

Valid Until

Widely

Widely

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Sarah Lynch 978-844-767
or
978-264-4936

email sarah.lynch86@yahoo.com



Together, we can save a life

This recognizes that

Sarah Lynch
has completed the requirements for
Lifeguarding/First Aid

conducted by

Camp Thoreau, Inc.

Date completed

12/29/2008

The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.



Together, we can save a life

This recognizes that

Sarah Lynch
has completed the requirements for
CPR/AED for Lifeguards

conducted by

Camp Thoreau, Inc.

Date completed

12/29/2008

The American Red Cross recognizes this certificate
as valid for 1 year(s) from completion date.

Lifeguard
Certification Card

StarGuard®

Mark D. Bona

has successfully completed and competently performed
the required knowledge and skill objectives

Includes American Safety & Health Institute CPR Pro for the Professional Rescuer (Adult, Child, Infant)
Basic First Aid • Bloodborne Pathogens • Emergency Oxygen

Starfish Aquatics Institute®
Saving Lives One At A Time®



STARFISH AQUATICS INSTITUTE APPROVED CERTIFICATION CARD

Jason Malinowski

Authorized Instructor (Print Name)

JWM Lifeguarding

Training Center

158

Instructor Number

Holder's Signature

3/28/09

Date Completed

3/28/10

Valid Until Date

10.5'

Water depth of demonstrated competency

023396

CAPT Training Record Number

Specialty Module Training

Watermark ☒

Waterfront ☒

Watersess ☒

Knowledge and skill not assessed in that environment if crossed out above

Successful completion indicates card holder has met required knowledge and skill objectives of the curriculum to the satisfaction of an SA authorized instructor. This course was delivered through an authorized independent Training Center that maintains course records. Successful completion does not guarantee future performance, nor imply complete training for every circumstance, state certification or licensure. Program content is based on recommendations of the 2005 National First Aid Science Advisory Board, American Heart Association's Inc. Guidelines for CPR and ECC (Circulation 2005), other evidence-based science, and industry best practices. It is the responsibility of the employer to verify competency, including performance in water depth greater than that indicated above, provide site-specific training and monitor job performance. Competency must be assessed annually by a StarGuard instructor to renew and continue certification. Holder's signature verifies agreement with the Statement of Understanding on the back of this card. www.starfishaquatics.org



www.starfishaquatics.org

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and first aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties, that competency assessment of my performance may be conducted at any time and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

D.H.
6/25/08

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Pats Hill Pool ADDRESS 21 Musket Dr.

OWNER: Same ADDRESS _____

DATE OF INSPECTION: 6/25/08 POOL CAPACITY # OF GALS. _____ INSPECTED BY: Htasz

METHOD OF WATER TREATMENT: Chlorine BATHER LOAD: 13 # OF LIFEGUARDS 2 WATER SOURCE: Acton

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

SWIMMING WADING			SWIMMING	WADING
Bromine			Calcium Hardness	
Alkalinity	<u>80</u>		Total Chlorine	<u>1</u>
Cyanuric Acid			Free Chlorine	<u>3</u>
Water Temp	<u>72</u>	<u>78</u>	Comb. Chlorine	
pH Level	<u>7.2</u>	<u>6.8</u>	Other	

Observed violations: Routine inspection

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

[Signature]
Inspector



Certified Pool / Spa Operator®

Achievement for

Stephen J. Richard

as an Operator of Aquatic Facilities

CPO® Registration No. 01-222314, is hereby Certified and Registered
by the

NATIONAL SWIMMING POOL FOUNDATION

ON
1/15/08

DATE CERTIFIED



Barry Worcester
INSTRUCTOR

Thomas M. Lachacki
C.E.O.

SupplyScape

Safe & Secure

FACSIMILE TRANSMITTAL SHEET

TO DEPT OF HEALTH (HEATHER)	FROM JEFF DURAND PATRIOT'S HILL POOL
COMPANY	DATE 5/22/08
FAX NUMBER 978 264 9630	TOTAL NO. OF PAGES INCLUDING COVER 2
PHONE NUMBER	SENDER'S TELEPHONE NUMBER 978 609 8533
RE POOL INSPECTION	SENDER'S FAX NUMBER 781.376.9820

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS

COPY OF CPO FOR
PATRIOT'S HILL POOL.



Certified Pool / Spa Operator®

Achievement for

Stephen J. Richard

as an Operator of Aquatic Facilities

CPO® Registration No. 01-222314, is hereby Certified and Registered
by the

NATIONAL SWIMMING POOL FOUNDATION

on
1/15/08

DATE CERTIFIED



Barry Worcester
INSTRUCTOR

Thomas M. Lachacki
C.F.O.

D.H.
5/20/08

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☐ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: <u>Patriots Hill</u>		ADDRESS: <u>21 Musket Dr.</u>	
OWNER: <u>Same</u>		ADDRESS:	
DATE OF INSPECTION: <u>5/20/08</u>	POOL CAPACITY # OF GALS.	INSPECTED BY: <u>Hm+lasz</u>	
METHOD OF WATER TREATMENT: <u>Chlorine</u>	BATHER LOAD:	# OF LIFEGUARDS <u>6</u>	WATER SOURCE:

Water Sample Taken for bacteriological testing? ☐ Yes ☐ No

POOLSIDE READINGS

	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<u>50</u>	<u>50</u>	Total Chlorine	<u>1.5</u>	<u>1.5</u>
Cyanuric Acid			Free Chlorine	<u>1.5</u>	<u>1.5</u>
Water Temp			Comb. Chlorine	<u>0</u>	<u>0</u>
pH Level	<u>7.2</u>	<u>7.2</u>	Other		

Observed violations:

opening

① Secure ladder @ deep end

② Anti vortex cover to be installed -
please call 978-264-9634

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Christine Shinn
Received By

Hfz
Inspector

D.H.
8/22/07

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000

2 30 PM -

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☐ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Rats Hill Pool ADDRESS 21 Musket Dr.

OWNER: Same ADDRESS Same

DATE OF INSPECTION: 8/21/07 POOL CAPACITY # OF GALS. INSPECTED BY: JMH/has2

METHOD OF WATER TREATMENT: Chlorine BATHING LOAD # OF LIFE GUARDS: 2 WATER SOURCE: Action

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

SWIMMING	WADING
Bromine	Calcium Hardness
Alkalinity	Total Chlorine
Cyanuric Acid	Free Chlorine
Water Temp	Comb. Chlorine
pH Level	Other

Observed violations:

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Received By: Cecelia Jenkins

Inspector: [Signature]

D.H.
7/16/07

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☐ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Pats Hill		ADDRESS 21 Musket Dr	
OWNER: Same		ADDRESS - same -	
DATE OF INSPECTION: 7/16/07	POOL CAPACITY # OF GALS.	INSPECTED BY: Hase	
METHOD OF WATER TREATMENT: Cl2	BATHER LOAD:	# OF LIFEGUARDS 2	WATER SOURCE: town

Water Sample Taken for bacteriological testing? ☐ Yes ☐ No

POOLSIDE READINGS					
	SWIMMING		WADING	SWIMMING	WADING
Bromine					
Alkalinity	50		50	3	3
Cyanuric Acid				3	3
Water Temp				0	0
pH Level	7.0		7.0		
			Other		

Observed violations:

① @ 245 pu pool had not been logged at all for the day - this should have been done!!

* Repeat of this will result in fines being levied *

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Received By: Cecelia K. Jenkins

Inspector: [Signature]

L.H
5-16-07

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000

930

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☐ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Patriots Hill		ADDRESS: 21 musket Dr.	
OWNER: Pats Hill Homeowners		ADDRESS:	
DATE OF INSPECTION: 5/16/07	POOL CAPACITY # OF GALS.	INSPECTED BY: HMM	
METHOD OF WATER TREATMENT: Cl	BATHER LOAD:	# OF LIFEGUARDS	WATER SOURCE: town

Water Sample Taken for bacteriological testing ? ☒ Yes ☐ No

POOLSIDE READINGS

SWIMMING			WADING			
			SWIMMING		WADING	
Bromine			Calcium Hardness			
Alkalinity			Total Chlorine		2	1.5
Cyanuric Acid			Free Chlorine		2	1.5
Water Temp			Comb. Chlorine		0	
pH Level	7.4	7.4	Other			

Observed violations:

Routine opening

① Repaint or darken depth markings-

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Received By

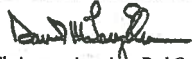
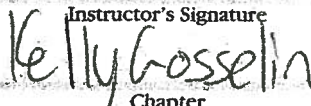
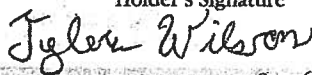
Inspector

Patnots Hill

RECEIVED

MAY 15 2007

ACTON BOARD OF HEALTH


Chairman, American Red Cross

Instructor's Signature
Chapter
American Red Cross
of Massachusetts Bay

Holder's Signature
Cert. 653998 (Rev. Oct. 2001)

American
Red Cross



Together, we can save a life

This recognizes that

Tyler Wilson
has completed the requirements for
Lifeguard Training and First Aid

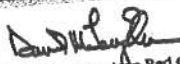
conducted by

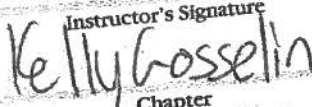
Camp Thoreau Inc

Date completed **4/21/2006**

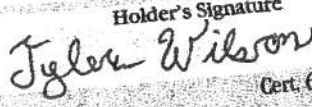
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Ty Wilson


Chairman, American Red Cross


Instructor's Signature

Chapter
American Red Cross
of Massachusetts Bay


Holder's Signature

Cert. 653998 (Rev. Oct. 2001)



Together, we can save a life

This recognizes that

Ty Wilson
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by

Camp Thoreau, Inc.
Date completed **4/4/2007**
The American Red Cross recognizes this certificate
as valid for _____ year(s) from completion date.



Together, we can save a life

This recognizes that

Elizabeth Jenkins
has completed the requirements for
CPR for the Professional Rescuer

conducted by

Camp Thoreau Inc

Date completed **2/20/2006**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



Together, we can save a life

This recognizes that

Elizabeth Jenkins
has completed the requirements for
Lifeguard Training and First Aid

conducted by

Camp Thoreau Inc

Date completed **2/20/2006**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.



Together, we can save a life

This recognizes that

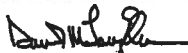
Elizabeth Jenkins
has completed the requirements for
Community First Aid & Safety

conducted by

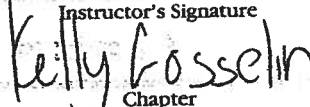
ACTON BOXBOROUGH REG.- H.S.

Date completed **01/28/2005**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.


Chairman, American Red Cross

Instructor's Signature



Chapter

**American Red Cross
Of Mass Bay**

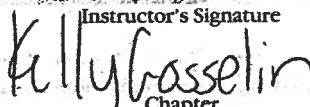
Holder's Signature



Cert. 653998 (Rev. Oct. 2001)



Chairman, American Red Cross

Instructor's Signature


Chapter

**American Red Cross
of Mass Bay**

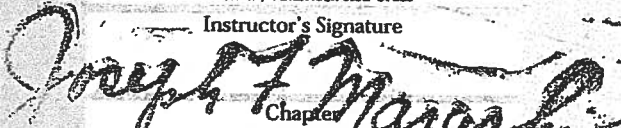
Holder's Signature



Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross

Instructor's Signature


Chapter

**American Red Cross
of Massachusetts Bay**

Holder's Signature



Cert. 653999 (Rev. Oct. 2001)

Lifeguard

Certificate

StarGuard®

KYLE HUTTON

has successfully completed the required knowledge and skill objectives

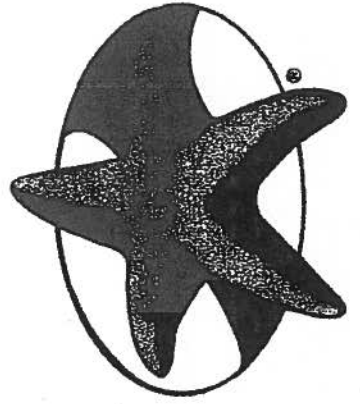
Competency Assessment and Performance Record Number 013313 is registered with the Starfish Aquatics Institute

Starfish Aquatics Institute®
Saving Lives One At A Time®

Qui E. White
Founder and Chairman

Jason Malinowski
Instructor

04/28/07
Date completed
Valid for one (1) year



LifeGuard Certificate

StarGuard®

Peter Gomez

has successfully completed the required knowledge and skill objectives

Competency Assessment and Performance Record Number 11277 is registered with the Starfish Aquatics Institute

Starfish Aquatics Institute®
Saving Lives One At A Time®

Jim E. White

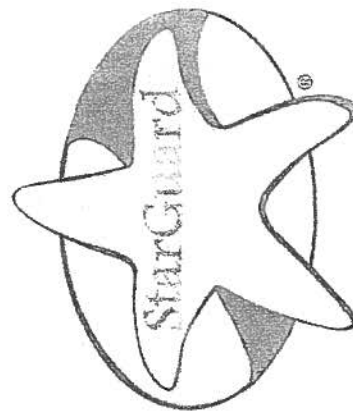
Founder and Chairman

[Signature]
Instructor

3/11/07

Date completed

Valid for one (1) year




Chairman, American Red Cross

Instructor's Signature



Chapter
Hampshire County Chapter
Northampton MA 01060

Holder's Signature



Cert. 653998 (Rev. Oct. 2001)

The American Red Cross recognizes this certificate
as valid for year(s) from completion date.

Date completed

04/15/2007

conducted by
HAMPSHIRE CO MASS

has completed the requirements for
CPR/AED FOR THE
PROFESSIONAL RESCUE

This recognizes that
CECILIA JENKINS

Together, we can save a life



American
Red Cross



**American
Red Cross**

Together, we can save a life

HAYLEY DIDRIKSEN
has completed the requirements for

**LIFEGUARD TRAINING AND
FIRST AID**

conducted by
Camp Takodah

Date completed **08/27/2005**
The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Patriots Hill ADDRESS 21 Musket

OWNER: Pats Hill ADDRESS _____

DATE OF INSPECTION: 8/1/06 POOL CAPACITY # OF GALS. _____ INSPECTED BY: [Signature]

METHOD OF WATER TREATMENT: Cl. BATHER LOAD: _____ # OF LIFEGUARDS _____ WATER SOURCE: _____

Water Sample Taken for bacteriological testing? ☐ Yes ☐ No

POOLSIDE READINGS

	SWIMMING WADING			SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<u>80</u>	<u>40</u>	Total Chlorine	<u>5</u>	<u>5</u>
Cyanuric Acid			Free Chlorine	<u>3</u>	
Water Temp			Comb. Chlorine	<u>2</u>	
pH Level	<u>7.0</u>	<u>6.8</u>	Other		

Observed violations: - Routine -

① inc wading pool to 1.5ppm

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Lauren DeLeon
Received By

[Signature]
Inspector

American
Red Cross



American
Red Cross



Together, we can save a life

American
Red Cross



Together, we can save a life

American
Red Cross



Together, we can save a life

This recognizes that
Marty Gomez
has completed the requirements for
Water Safety Instructors Aide
of the Learn to Swim program
conducted by
Wheeler Recreation
Date completed *SUMMER 2002*

This recognizes that
Marty Gomez
has completed the requirements for
CPR for the Professional Rescuer
conducted by
CAMP THOREAU CLUB
Date completed *05/10/2004*
The American Red Cross recognizes this certificate
as valid for *1* year(s) from completion date.

This recognizes that
Marty Gomez
has completed the requirements for
First Aid
conducted by
CAMP THOREAU CLUB
Date completed *05/10/2004*
The American Red Cross recognizes this certificate
as valid for *3* year(s) from completion date.

This recognizes that
Marty Gomez
has completed the requirements for
Lifeguard Training and First Aid
conducted by
CAMP THOREAU CLUB
Date completed *05/10/2004*
The American Red Cross recognizes this certificate
as valid for *3* year(s) from completion date.



FA/CPR



32102

Mass Bay
Holder's Signature

Mass Bay
Holder's Signature

Cert. 653430 (Rev. June 1997)

Kelly Gosselin
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

Kelly Gosselin
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

Kelly Gosselin
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

RECEIVED

JUN 29 2006

ACTION BOARD OF HEALTH

StarGuard® is a nationally recognized lifeguard program delivered by Independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in 8 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Enhanced Training/Supplement Modules:

Designations must match original Authorization form at national office.

☒ Emergency Oxygen ☒ AED
☐ Waterpark ☐ Waterfront ☐ Wilderness

www.starfishaquatics.org
www.starfishinstitute.org

Starfish Aquatics Institute®
Bridget DeCesar
Name

StarGuard®
Includes American Safety & Health Institute certification for:
CPR Pro for the Professional Rescuer
Basic First Aid
Bloodborne Pathogens

Authorization Number 15259
Instructor Number 158

Valid thru 6/16/10
COURSE COMPLETION CARD

Pats Hill

StarGuard® is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in 10.5 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Enhanced Training/Supplement Modules:

Designations must match original Authorization form at national office.

- ☐ Waterpark ☐ Waterfront ☐ Wilderness
☒ Emergency Oxygen ☒ AED
www.starfishaquatics.org
www.aqinstitute.org

Starfish Aquatics Institute®

Sara Lewis
Name



StarGuard®
Includes American Safety & Health Institute certification for:
CPR Pro for the Professional Rescuer
Basic First Aid
Bloodborne Pathogens

Authorization Number 20037
Instructor Number 151

Valid thru 04/30/17
COURSE COMPLETION CARD

This recognizes that
LAUREN DECESAR
has completed the requirements for
First Aid

conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **06/19/2003**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

This recognizes that
LAUREN DECESAR
has completed the requirements for
First Aid Basics

conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **06/10/2004**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

This recognizes that
Lauren Decesar
has completed the requirements for
Lifeguard Training and First Aid

conducted by
Camp Thoreau Day Camp
Date completed **05/20/2005**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Life a savas can we
Together, we can save

Life a savas can we
Together, we can save

Life a savas can we
Together, we can save



American
Red Cross

American
Red Cross

American
Red Cross

513 904
INSTRUCTOR CERTIFICATE

Name **Lauren E. Decesar**

HAS COMPLETED THE INSTRUCTOR COURSE IN

Name of Course **Water Safety Instructor**

Name of Facility or Organization Where Course Was Conducted
AT The Thoreau Club

City, State, ZIP Code
Concord, MA

Expiration Date
12/31/06

Signature of Instructor/Trainer
[Signature]

INSTRUCTOR TRAINER COMPLETES THIS SECTION

Any alterations to this certificate other than those allowed by national policy make this certificate null and void.

INSTRUCTOR COURSE: Show completion and expiration dates below. The expiration date for courses completed January - September is the year of the second December 31 following the course completion date. For courses completed October-December, use the year of the third December 31 following the course completion date.

Course Completion Date
6/10/05

Date Certificate Expires: December 31, **2006**

INSTRUCTOR REVIEW COURSE: Show the completion date only. Write the word "Review" on Expiration Date line in the upper left section of this form.

Review Course Completion Date

Unit in Which the Instructor Who Is "Reviewed" Is Currently Authorized

Current Certificate Expires: December 31

Mo. Day Yr. **11 18 88** (978) 635-9252 ()

Date of Birth Home Telephone No. Business Telephone No.

Home Address **9 Muskiet Drive**

City, State, ZIP Code **Acton, MA 01720**

Business Name

Business Address

City, State, ZIP Code

As an authorized American Red Cross instructor, I agree to conduct courses in accordance with requirements and procedures established by the American Red Cross.

Signature of Instructor **Lauren E. Decesar** Social Security No. **021-74-3971**

A copy of this record will be filed for five (5) years at the location noted below. (Your instructor trainer will provide this information.)

Mass Bay of Boston



Instructor Trainer's Unit of Authorization
285 Columbus Ave

Street Address


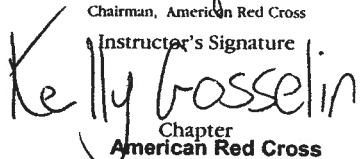
City, State, ZIP Code
Boston, MA 02116

Red Cross Unit Where Course Was Conducted (If different from above)

Name of Instructor Trainer (Print)
Ann Boudrot


Chairman, American Red Cross

Instructor's Signature
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)


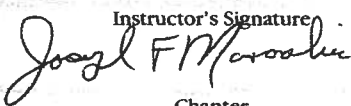
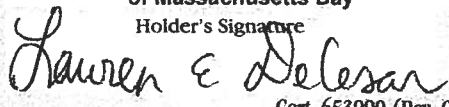

Chairman, American Red Cross

Instructor's Signature
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

**American
Red Cross**

Together, we can save a life

This recognizes that
Lauren Deceasar
has completed the requirements for
CPR for the Professional Rescuer
conducted by
Camp Thoreau Day Camp
Date completed **05/20/2006**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.


Chairman, American Red Cross

Instructor's Signature
Chapter
American Red Cross
of Massachusetts Bay

Holder's Signature

Cert. 653999 (Rev. Oct. 2001)

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: <u>Patriots Hill Rec.</u>		ADDRESS <u>21 musket Drive</u>	
OWNER: <u>same</u>		ADDRESS <u>same</u>	
DATE OF INSPECTION: <u>6.20.06</u>	POOL CAPACITY # OF GALS.	INSPECTED BY: <u>Umarceau</u>	
METHOD OF WATER TREATMENT: <u>cl.</u>	BATHER LOAD:	# OF LIFEGUARDS	WATER SOURCE: <u>TOWN.</u>

Water Sample Taken for bacteriological testing ? ☒ Yes ☐ No

POOLSIDE READINGS

	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity			Total Chlorine	<u>3</u>	<u>3</u>
Cyanuric Acid			Free Chlorine	<u>3</u>	<u>3</u>
Water Temp			Comb. Chlorine	<u>0</u>	<u>0</u>
pH Level	<u>7.0</u>	<u>7.2</u>	Other		

Observed violations: Routine inspection.

- Baby pool posted closed -
- pool Records not consistent w/
regard to testing 4x a day -
* talked to guard - pool open regular
hours this week -

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Cecilia Jenkins
Received By

[Signature]
Inspector

D.H
6/20/06

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Patriot Hill ADDRESS: 21 musket st

OWNER: Same ADDRESS: Same

DATE OF INSPECTION: 7.13.05 POOL CAPACITY: # OF GALS. INSPECTED BY: J. Mallick

METHOD OF WATER TREATMENT: BATHER LOAD: # OF LIFEGUARDS: 2 WATER SOURCE: town

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity			Total Chlorine	<u>1.5</u>	<u>3</u>
Cyanuric Acid			Free Chlorine	<u>1.5</u>	<u>3</u>
Water Temp	<u>7.4</u>	<u>7.4</u>	Comb. Chlorine	<u>0</u>	<u>0</u>
pH Level	<u>7.4</u>	<u>7.4</u>	Other		

Observed violations: pool chemistry log book
incompleted
-disinfectant must be read
-4x a day-

OK

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Lauren DeLeon
Received By

J. Mallick
Inspector
D.H.
7/13/05



StarGuard Professional Lifeguard Course Completion Authorization



Course completed on 5/15/05

ESS HARD)

7300

Last Name L

First Name Samuel

Middle Initial H

Street Address _____

City Acton

Country USA

Zip Code 01720

Home Phone 978

621-6639

☒ Male ☐ Female

Date of Birth 07

email ler sam@yahoo.com

Training Center that _____

Location where you took your training Harvard Ridge

☒ New Student

Course completion date 05 / 15 / 2005

List the location where you will be working (if known) Patriots Hill Pool

Statement of Understanding:

I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute.

Student Signature James H. Hill

Date 5/15/2005

Course Evaluation:

Rate the following elements.

5= excellent/strongly agree. 1=poor, strongly disagree.

Additional comments are appreciated. Please use the back of the TOP copy.

	5	4	3	2	1
Student manuals were easy to use and understand.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) exhibited a professional attitude.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) were knowledgeable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall score for this course:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was constant and dedicated surveillance was provided during all water sessions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
What did you find to be most outstanding about this course?	<u>Good instructor and good schedule</u>				
What would you suggest for improvement?					
Have you previously completed a lifeguard course?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Which course?				

To be completed by Instructor:

I certify that: This individual has completed the course requirements and demonstrated competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature of Lead Instructor [Signature]

Instructor Number 158 Course Completion Date 5/15/05

Co-Instructors: (Name and number) _____

StarGuard® is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated competency in 4 ft of water.

Enhanced Training/Supplement Modules:

- Designations must match original authorization form at national office.
- ☒ Emergency Oxygen
 - ☐ Waterpark/Play Features
 - ☒ AED
 - ☐ Wilderness Only
 - ☐ Wilderness plus Pool StarGuard
 - ☐ Waterfront


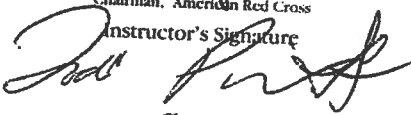
Starfish Aquatics Institute®

Sam Lewis
Name


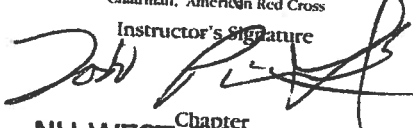


Professional Lifeguard
Includes American Safety & Health Institute® certification for:
CPR Professional Rescuer
First Aid-Universal
Bloodborne Pathogens

Valid thru 5/15/06


Chairman, American Red Cross

Instructor's Signature
Chapter
NH WEST CHAPTER
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross

Instructor's Signature
Chapter
NH WEST CHAPTER
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

This recognizes that
CELESTE WILSON
has completed the requirements for
**LIFEGUARD TRAINING AND
FIRST AID**
conducted by
Camp Takodah
Date completed **08/27/2005**
The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.

Together, we can save a life



This recognizes that
CELESTE WILSON
has completed the requirements for
**CPR FOR THE PROFESSIONAL
RESCUER**
conducted by
Camp Takodah
Date completed **08/27/2005**
The American Red Cross recognizes this certificate
as valid for 1 year(s) from completion date.

Together, we can save a life



19th @ 1:00

pd
clk# 4088 + 408^c

05-03SP
05-01wad

Town of Acton
Application
Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool	\$230(seasonal)
Swimming Pool	\$340(year round)
Wading Pool	\$35

Ad

Owner Name: Patriot's Hill Recreation Club

Address: 21 Musket Drive

Phone Number: 978-263-1089

Certified Pool

Operator name: Aquatic Technologies

☐ Copy of Pool Operator's Certification submitted

Contact Person: Leslie Mulcahy or Sarah Murphy

Address: 9 Lincoln Drive, Acton 16 Revolutionary Rd
Acton, MA 01720

Phone Number: 978-263-0170

Anticipated Date of Pool to Open: May 28, 2005

Anticipated Date of Pool to Close: Sept. 11th, 2005

Tentative Operating Schedule

	AM	PM
Sunday	10	8
Monday	8	8
Tuesday	8	8
Wednesday	8	8
Thursday	8	8
Friday	8	8
Saturday	10	8

☐ Lifeguard Certifications Submitted

☐ Key to Facility Supplied to Health Department

- Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

American Red Cross

Course Record Addendum

This form MUST be completed with the Course Record (Form 6418R).

Page ____ of ____

COURSE NAME AND CODE

Life Guard Training

NAME OF INSTRUCTOR

Kelly Casselin

NAME OF CO-INSTRUCTOR

DATE COURSE BEGAN 5/7/05 DATE COURSE ENDED 5/20/05

FOR DISASTER COURSES ONLY

SPONSORING RED CROSS UNIT

CITY AND STATE WHERE COURSE WAS HELD

SIGNATURE OF INSTRUCTOR

SIGNATURE OF CO-INSTRUCTOR

COMPONENTS	LG1	First Aid	CRP	NAME	MAILING ADDRESS	PHONE	INSTRUCTOR COMMENTS	DSHR	CERTS TO ISSUE (UNIT USE)
ENROLLED	X	X	V	LAST FIRST Annichito	STREET CITY, STATE, ZIP	()			
GRADE	X	X	P	LAST FIRST Kaitlyn	STREET CITY, STATE, ZIP	()			
ENROLLED			V	LAST FIRST Greene	STREET CITY, STATE, ZIP	()			
GRADE			P	LAST FIRST Rachel	STREET CITY, STATE, ZIP	()			
ENROLLED			V	LAST FIRST Morgan	STREET CITY, STATE, ZIP	()			
GRADE			P	LAST FIRST Robert	STREET CITY, STATE, ZIP	()			
ENROLLED	V	V	X	LAST FIRST Taylor	STREET CITY, STATE, ZIP	()			
GRADE	P	P	X	LAST FIRST Natalie	STREET CITY, STATE, ZIP	()			
ENROLLED	V	V	X	LAST FIRST Taylor	STREET CITY, STATE, ZIP	()			
GRADE	P	P	X	LAST FIRST James	STREET CITY, STATE, ZIP	()			
ENROLLED	V	V	V	LAST FIRST Cutler	STREET CITY, STATE, ZIP	()			
GRADE	P	P	P	LAST FIRST Laura	STREET CITY, STATE, ZIP	()			
ENROLLED	X	X	V	LAST FIRST Viscarello	STREET CITY, STATE, ZIP	()			
GRADE	X	X	P	LAST FIRST Alyssa	STREET CITY, STATE, ZIP	()			
ENROLLED	V	V	V	LAST FIRST Hudale	STREET CITY, STATE, ZIP	()			
GRADE	P	P	P	LAST FIRST Josh	STREET CITY, STATE, ZIP	()			
ENROLLED	X	X	V	LAST FIRST Turpe	STREET CITY, STATE, ZIP	()			
GRADE	X	X	P	LAST FIRST Kaitlin	STREET CITY, STATE, ZIP	()			
ENROLLED	V	V	V	LAST FIRST Deleasar	STREET CITY, STATE, ZIP	()			
GRADE	P	P	P	LAST FIRST Lauren	STREET CITY, STATE, ZIP	()			
ENROLLED	V	V	V	LAST FIRST Lane	STREET CITY, STATE, ZIP	()			
GRADE	P	P	P	LAST FIRST Kirsten	STREET CITY, STATE, ZIP	()			
				TOTAL ENROLLED (Add each column.)					
				TOTAL PASSED (Add each column.)					

For information on component codes and which certificate(s) each participant receives, please contact your local unit or refer to the course component chart.



To Whom It May Concern:

Enclosed is a copy of the American Red Cross course record sheet for Lifeguard Training, First Aid and CPR for the Professional Rescuer. This document indicates Josh Hurdle's successful completion of the course requirements. If there are any further questions please contact me at the address below.

Sincerely

Kelly Gosselin

The Thoreau Club

275 Forest Ridge Road

Concord, MA. 01742

(978) 369-7349

Affiliates of Camp Thoreau, Inc.

The Thoreau Club **(978) 369-7349** • Camp Thoreau **(978) 369-4095** • Thoreau Outdoor Center **(978) 369-9804**
275 Forest Ridge Road • Concord, MA 01742-3832 • Fax (978) 369-7443 • www.thoreau.com



To Whom It May Concern:

Enclosed is a copy of the American Red Cross course record sheet for Lifeguard Training, First Aid and CPR for the Professional Rescuer. This document indicates Lauren DeCeasar's successful completion of the course requirements. If there are any further questions please contact me at the address below.

Sincerely

Kelly Gosselin

The Thoreau Club

275 Forest Ridge Road

Concord, MA. 01742

(978) 369-7349

Affiliates of Camp Thoreau, Inc.

The Thoreau Club **(978) 369-7349** • Camp Thoreau **(978) 369-4095** • Thoreau Outdoor Center **(978) 369-9804**
275 Forest Ridge Road • Concord, MA 01742-3832 • Fax (978) 369-7443 • www.thoreau.com

D.H.
5/20/05

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☐ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Pats Hill ADDRESS Musket St

OWNER: Same ADDRESS

DATE OF INSPECTION: 5/19/05 POOL CAPACITY # OF GALS. INSPECTED BY: Chambliss

METHOD OF WATER TREATMENT: Cl BATHER LOAD: # OF LIFEGUARDS WATER SOURCE:

Water Sample Taken for bacteriological testing? ☐ Yes ☐ No

POOLSIDE READINGS

	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<u>60</u>		Total Chlorine	<u>3</u>	<u>3</u>
Cyanuric Acid			Free Chlorine	<u>3</u>	<u>3</u>
Water Temp			Comb. Chlorine	<u>0</u>	<u>0</u>
pH Level	<u>7.4</u>	<u>7.4</u>	Other		

Observed violations: 1 call when pump fixed
-264-9034-


NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Sarah Murphy Received By Chambliss Inspector



Together, we can save a life

This recognizes that
MARY JENKINS
has completed the requirements for
**LIFEGUARD TRAINING
AND FIRST AID**
conducted by
HAMPSHIRE COUNTY
Date completed **4/17/05**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.



Chairman, American Red Cross
Instructor's Signature
Chapter
Hampshire County Chapter
Northampton, MA 01060
Holder's Signature

Cert. 653999 (Rev. Oct. 2001)



Together, we can save a life

This recognizes that
MARY JENKINS
has completed the requirements for
**CPR FOR THE
PROFESSIONAL RESCUER**
conducted by
HAMPSHIRE COUNTY
Date completed **4/17/05**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.


Chairman, American Red Cross
Instructor's Signature
Chapter
Hampshire County Chapter
Northampton, MA 01060
Holder's Signature

Cert. 653999 (Rev. Oct. 2001)

**American
Red Cross**



Together, we can save a life

This recognizes that

Dede Horvath
has completed the requirements for
AED Essentials (Adult)

conducted by

CAMP THOREAU CLUB

Date completed **02/25/2005**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

**American
Red Cross**



Together, we can save a life

This recognizes that

Dede Horvath
has completed the requirements for
CPR for the Professional Rescuer

conducted by

CAMP THOREAU CLUB

Date completed **02/25/2005**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

**American
Red Cross**



Together, we can save a life

This recognizes that

Dede Horvath
has completed the requirements for
Lifeguard Training and First Aid

conducted by

CAMP THOREAU CLUB

Date completed **02/25/2005**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Starfish Aquatics Institute

Name Kyle Hutton

StarGuard

Includes American Red Cross & Health Institute certification for:

Professional Lifeguard
CPR Professional Rescuer
First Aid-Universal
Bloodborne Pathogens

Valid thru 5/1/16
COURSE COMPLETION CARD

Authorization Number 7346
Instructor Number 158

StarGuard® is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated competency in 9 ft of water.

Enhanced Training/Supplement Modules:

Designations must match original authorization form at national office.

- ☐ Emergency Oxygen
- ☐ Wilderness Only
- ☐ Waterpark/Play Features
- ☐ Wilderness plus Pool StarGuard
- ☐ AED
- ☐ Watertight

www.starfishaquatics.org
www.aquastart.org

American Red Cross



Together, we can save a life

This recognizes that

Jenna Barr

has completed the requirements for

**CPR/AED FOR THE
PROFESSIONAL RESCUER**

conducted by

Washtenaw County Chapter

Date completed *04.02.05*

The American Red Cross recognizes this certificate
as valid for *1* year(s) from completion date.

Dan M. ...
Chairman, American Red Cross

Instructor's Signature

[Signature]
Chapter
MERRIMACK VALLEY CHAPTER

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

American Red Cross



Together, we can save a life

This recognizes that

Jenna Barr

has completed the requirements for

CPR/FPR

conducted by

MERRIMACK VALLEY CHAPTER

Date completed *5/26/04*

The American Red Cross recognizes this certificate
as valid for *1* year(s) from completion date.



[Signature]
Chairman, American Red Cross

Instructor's Signature

[Signature]
Chapter
MERRIMACK VALLEY CHAPTER

Holder's Signature

32110



Cert. 6534601. (Rev. July 1997)



Caring
Education
HIV/AIDS



American Red Cross



This recognizes that

Jenna Barr

has completed the requirements for

**LIFEGUARD TRAINING AND
COMMUNITY FIRST AID AND SAFETY**

conducted by

MERRIMACK VALLEY CHAPTER

Date completed *5/26/04*

The American Red Cross recognizes this certificate
as valid for *3* years from completion date.

recertification

StarGuard® is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated competency in 9 ft of water.

Enhanced Training Supplement Modules:

Designations must match original authorization form at national office.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Emergency Oxygen | <input type="checkbox"/> Waterpark/Play Features | <input checked="" type="checkbox"/> AED |
| <input type="checkbox"/> Wilderness Only | <input type="checkbox"/> Wilderness plus Pool StarGuard | <input type="checkbox"/> Waterfront |

www.starfishaquatics.org
www.starfishinstitute.org

Starfish Aquatics Institute®

Hayley Didriksen

Name



Professional Lifeguard
CPR Professional Rescuer
First Aid-Universal
Bloodborne Pathogens

Authorization Number 7347
Instructor Number 158

Valid thru 5/12/06
COURSE COMPLETION CARD

American
Red Cross



Together, we can save a life

CHRISTOPHER SHARP

has completed the requirements for

**LIFEGUARD TRAINING AND
FIRST AID**

conducted by

ARC of the Susquehanna Valley

Date completed **04/17/2004**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

American
Red Cross



Together, we can save a life

This recognizes that

CHRISTOPHER SHARP

has completed the requirements for

**CPR FOR THE PROFESSIONAL
RESCUER**

conducted by

ARC of the Susquehanna Valley

Date completed **04/17/2004**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

Chairman, American Red Cross

Instructor's Signature
Michael Mangelli
Chapter

ARC of the Susquehanna Valley

Holder's Signature

Christopher
Cert. 653999 (Rev. Oct. 2001)

Chairman, American Red Cross

Instructor's Signature
Michael Mangelli
Chapter

ARC of the Susquehanna Valley

Holder's Signature

Christopher
Cert. 653999 (Rev. Oct. 2001)

11am.

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☐ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: <u>Pats Hill</u>		ADDRESS: <u>21 Musket Dr.</u>	
OWNER: <u>Same</u>		ADDRESS:	
DATE OF INSPECTION: <u>8/4/04</u>	POOL CAPACITY # OF GALS.	INSPECTED BY: <u>J. Maloney</u>	
METHOD OF WATER TREATMENT: <u>Cl</u>	BATHER LOAD: <u>2</u>	# OF LIFEGUARDS <u>2</u>	WATER SOURCE: <u>town.</u>

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity			Total Chlorine	<u>3</u>	<u>3</u>
Cyanuric Acid			Free Chlorine	<u>3</u>	<u>3</u>
Water Temp			Comb. Chlorine	<u>0</u>	<u>0</u>
pH Level	<u>7.0</u>	<u>7.2</u>	Other		

Observed violations: ① Wading pool - Remove Rocks -
② men's Room toilet area needs
attention

will call if water has bacteria
Read -

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Michael P. Olson
Received By

J. Maloney
Inspector

D. H.
8/4/04

Patriot's Hill Recreation Club 2004

RECEIVED

JUL 12 2004

ACTON BOARD OF HEALTH

Emergency Numbers

Police	911
Fire/Ambulance	911
Poison Control	(800) 682-9211
Acton Medical	(978) 263-1131
Concord Hillside (Adults)	(978) 371-1300
Concord Hillside (Pediatrics)	(978) 371-2900
Acton Board of Health	(978) 264-9634

Life Guards

Mike DeCesar (Head Guard)	(978) 635-9252
Mary Jenkins	(978) 635-0027
Cecelia Jenkins	(978) 635-0027
Christopher Sharp	(978) 263-6849
Adrienne Wilson	(978) 263-2423
Lauren DeCesar	(978) 635-9252
Kyle Hutton	(978) 263-0438
Patrick Donaghue	(978) 263-6676

Board Members

Susan Flynn, President	(978) 635-0851
Lea Barrett, Membership	(978) 266-9860
Pam Carderelli, Social	(978) 266-1870
Tom Kearney, Pool & Grounds	(978) 263-7552
Rich Langin, Pool & Grounds	(978) 264-9727
Leslie Mulcahy, Treasurer	(978) 263-0170
Louise Dunn, Secretary	(978) 635-1919
Elaine Rowles, VP Admin & Personnel	(978) 635-3799

Pool Engineers

Tom Kearney	(978) 263-7552
Rich Langin	(978) 264-9727

Other

Aquatic Tech	(800) 446-6414
Barry Worcester	(978) 502-8598 (cell)
Waste Management (Trash pick-up)	(978) 568-8341
Pool	(978) 263-1089

**American
Red Cross**



Together, we can save a life

This recognizes that

Marty Gomez
has completed the requirements for
CPR for the Professional Rescuer

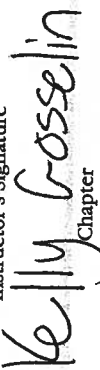
conducted by

CAMP THOREAU CLUB

Date completed **05/10/2004**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.


Chairman, American Red Cross

Instructor's Signature


Chapter

American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

**American
Red Cross**



Together, we can save a life

This recognizes that

Marty Gomez
has completed the requirements for
Lifeguard Training and First Aid

conducted by

CAMP THOREAU CLUB

Date completed **05/10/2004**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.


Chairman, American Red Cross

Instructor's Signature

Kelly Goselin

Chapter

American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000

10³⁰am

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Patriots Hill Rec. ADDRESS 21 Musket Dr

OWNER: Same ADDRESS

DATE OF INSPECTION: 7/6/04 POOL CAPACITY # OF GALS. INSPECTED BY: J. Maureen

METHOD OF WATER TREATMENT: Cl BATHER LOAD: 5 # OF LIFEGUARDS 2 WATER SOURCE: town

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

SWIMMING WADING			SWIMMING WADING	
Bromine			Calcium Hardness	
Alkalinity			Total Chlorine	3
Cyanuric Acid			Free Chlorine	3
Water Temp			Comb. Chlorine	0
pH Level	7.2	7.4	Other	

Observed violations: ① Pool appears to be tested only 2x/day - must be read 4x for disinfectant.

② no log for 7/5/04 or 7/6/04?
please call Heather @ 204-9634. —
Thank you.

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

left in pool
Received By house.

J. Maureen
Inspector

D.H.
7/7/04

2H
4/21/04

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: <i>Patriots Hill Pool</i>		ADDRESS <i>Musket Dr.</i>	
OWNER: <i>same</i>		ADDRESS	
DATE OF INSPECTION: <i>5/20/04</i>	POOL CAPACITY # OF GALS.	INSPECTED BY: <i>H. Marceall</i>	
METHOD OF WATER TREATMENT:	BATHER LOAD:	# OF LIFEGUARDS	WATER SOURCE:

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

SWIMMING			WADING		
Bromine			Calcium Hardness		
Alkalinity			Total Chlorine		
Cyanuric Acid			Free Chlorine		
Water Temp			Comb. Chlorine		
pH Level			Other		

Observed violations:

wading pool ok

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Received By _____


Inspector

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

**STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000**

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: ☐ PUBLIC ☒ SEMI-PUBLIC ☐ SPECIAL PURPOSE

NAME OF POOL: Patriots Hill ADDRESS Musket Dr.

OWNER: Pat Hill Assoc ADDRESS _____

DATE OF INSPECTION: 5/17/04 POOL CAPACITY # OF GALS. _____ INSPECTED BY: J. Maureen

METHOD OF WATER TREATMENT: _____ BATHER LOAD: _____ # OF LIFEGUARDS _____ WATER SOURCE: _____

Water Sample Taken for bacteriological testing? ☒ Yes ☐ No

POOLSIDE READINGS

SWIMMING WADING			SWIMMING	WADING
Bromine		Calcium Hardness		
Alkalinity	<u>60</u>	Total Chlorine	<u>5</u>	<u>2</u>
Cyanuric Acid		Free Chlorine	<u>5</u>	<u>2</u>
Water Temp		Comb. Chlorine	<u>0</u>	<u>0</u>
pH Level	<u>7.0</u>	Other		

Observed violations:

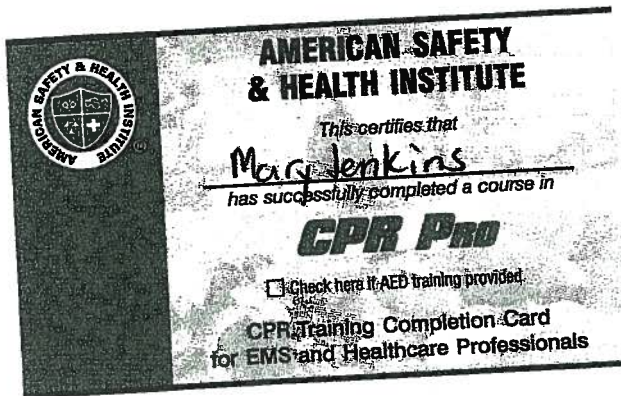
- ① Secure ladder @ deep end
- ② vacuum both pools
- ③ Sweep deck area to keep debris out.
- ④ Scrub baby pool - call when motor ready

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

[Signature]
Inspector

J.H.
5/18/04



CPR SUBCOMMITTEE APPROVED COMPLETION CARD

Jason Malinowski
Instructor/Facilitator (Print Name)

Holder's Signature
5/17/03 5/17/05
Date Completed Renewal Date



Training Agency Note

This program follows the most current cardiopulmonary resuscitation research and guidelines available for emergency cardiac care. This card does not guarantee future CPR or first aid performance by the holder nor imply any licensure. Valid for up to 2 years. For comments or concerns, call ASH Institute, (800) 246-5101, www.ashinstitute.com.

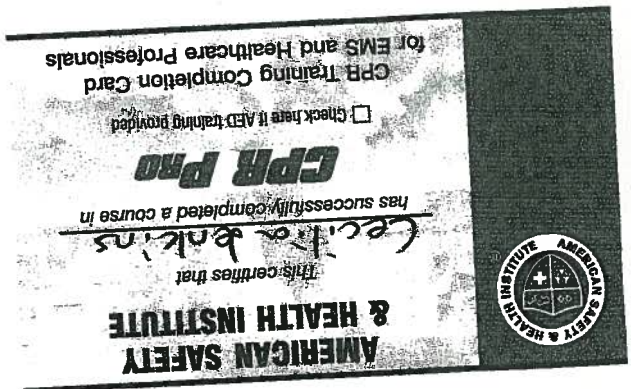
CPR SUBCOMMITTEE APPROVED COMPLETION CARD

Jason Malinowski
Instructor/Facilitator (Print Name)

Holder's Signature
5/17/03 5/17/05
Date Completed Renewal Date

Training Agency Note

This program follows the most current cardiopulmonary resuscitation research and guidelines available for emergency cardiac care. This card does not guarantee future CPR or first aid performance by the holder nor imply any licensure. Valid for up to 2 years. For comments or concerns, call ASH Institute, (800) 246-5101, www.ashinstitute.com.



copies for Board of Health

CPR QUICK REFERENCE CHART

Method	INFANT Age 0-1	CHILD Age 1-8	ADULT Over 8 years old
Compress with	2 fingers	Heel of 1 hand	Heel of 2 hands
Depth of compressions*	½ to 1 inch	1 to 1 ½ inches	1 ½ to 2 inches
Compression rate	At least 100/min.	Approximately 100/min.	Approximately 100/min.
Ratio compressions to ventilations	5:1	5:1	15:2
Count	1, 2, 3, 4, 5	1 & 2 & 3 & 4 & 5	1 & 2 & 3 & 4 & 5... 10,11,12,13,14,15

*Compressions at the center of breast bone

CPR QUICK REFERENCE CHART

Method	INFANT Age 0-1	CHILD Age 1-8	ADULT Over 8 years old
Compress with	2 fingers	Heel of 1 hand	Heel of 2 hands
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Ratio compressions to ventilations	5:1	5:1	15:2
Count	1, 2, 3, 4, 5	1 & 2 & 3 & 4 & 5	1 & 2 & 3 & 4 & 5... 10,11,12,13,14,15

*Compressions at the center of breast bone



**American
Red Cross**
We'll be there.

This recognizes that
MARY JENKINS
has completed the requirements for
CPR for the Professional Rescuer
(ECC 2000)
conducted by
THOREAU CLUB
Date completed **04/11/2002**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



**American
Red Cross**
We'll be there.

This recognizes that
MARY JENKINS
has completed the requirements for
LifeGuard Training and First Aid
conducted by
THOREAU CLUB
Date completed **04/11/2002**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Cert. 653999 (Rev. Feb. 1999)



American Red Cross
of Massachusetts Bay
Chapter

Chairman, American Red Cross
Instructor's Signature
[Signature]



Cert. 653999 (Rev. Feb. 1999)



American Red Cross
of Massachusetts Bay
Chapter

Chairman, American Red Cross
Instructor's Signature
[Signature]



5/28/03

Dear Mrs. Rowles

Chris completed the
challenge First Aid and CPR American
Red Cross course today. His
certification cards should arrive
in a few weeks.

Thank you,
Joe Marashio
ABRHS
978-264-4700
x 4134

WILDERNESS
MEDICAL
ASSOCIATES®



Anaphylaxis Workshop

(3 hours)

Kyle Hutton

WMA ID:
03-2284

has successfully completed this Workshop, including instructions in the proper administration of injectable epinephrine. Use of these skills must be approved by a physician advisor or medical control. This certification is valid for three years.

Instructor *Tony Hawgood*

Date *6/2/03*

WILDERNESS MEDICAL ASSOCIATES®

Toll Free 1-888-WILD-MED 189 Dudley Road, Bryant Pond, ME 04219 www.wildmed.com

WILDERNESS
MEDICAL
ASSOCIATES®



Wilderness First Aid

16 Hours

Kyle Hutton

WMA ID:
03-2284

has successfully completed the above course in accordance with the standards of Wilderness Medical Associates. This certification is valid for three years.

Instructor *Tony Hawgood*

Date *6/2/03*

WILDERNESS MEDICAL ASSOCIATES®

Toll Free 1-888-WILD-MED 189 Dudley Road, Bryant Pond, ME 04219 www.wildmed.com

American
Red Cross



Together, we can save a life

This recognizes that

KYLE HUTTON
has completed the requirements for

Lifeguard Training and First Aid

conducted by

ACTON BOXBORO COMM. EDU.

Date completed

05/03/2003

The American Red Cross recognizes this certificate as valid for **3** year(s) from completion date.

American Heart
Association



Fighting Heart Disease and Stroke

Healthcare Provider

Kyle Hutton

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers Program. CPR / AED

03-15-04

Issue Date

03-06

Recommended Renewal Date

6/11/03

Dear Mrs. Rowles

Lauren completed her
American Red Cross First Aid
and CPR challenge course today.
Her certificates should arrive
in a few weeks.

Thank you,
Joe Marashio
ABRHS
978-264-4700 x 4134



**American
Red Cross**
We'll be there.

This recognizes that
LAUREN DECESAR
has completed the requirements for
CPR for the Professional Rescuer

conducted by

THOREAU CLUB

Date completed **06/12/2002**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



**American
Red Cross**
We'll be there.

This recognizes that
LAUREN DECESAR
has completed the requirements for
Lifeguard Training and First Aid

conducted by

THOREAU CLUB

Date completed **06/12/2002**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Holder's Signature	Holder's Signature
Chapter American Red Cross of Massachusetts Bay	Chapter American Red Cross of Massachusetts Bay
Instructor's Signature	Instructor's Signature
Chairman, American Red Cross	Chairman, American Red Cross

Holder's Signature	Holder's Signature
Chapter American Red Cross of Massachusetts Bay	Chapter American Red Cross of Massachusetts Bay
Instructor's Signature	Instructor's Signature
Chairman, American Red Cross	Chairman, American Red Cross



Thomas R. Agutter
Chairman, American Red Cross



Instructor's Signature
[Signature]
Chapter
American Red Cross
of Massachusetts Bay

WV/ADS
Education



Holder's Signature
[Signature]
Cert. 653999 (Rev. Feb. 1999)



**American
Red Cross**
We'll be there.



This recognizes that
ADRIENNE WILSON
has completed the requirements for
Lifeguard Training and First Aid
conducted by
THOREAU CLUB
Date completed **04/11/2002**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.





National Safety Council®

Founded in 1913, the National Safety Council is a non-governmental, not-for-profit international public service organization devoted to protecting life and promoting health.

Our mission: to educate and influence society to adopt safety, health and environmental policies, practices and procedures that prevent and mitigate human suffering and economic losses arising from preventable causes.

S.A.F.E. (978) 924-1981
You have the power to save a life

250M0402 Printed in the U.S.A. 19898-0009



Control No.

Adrian Wilson

has completed the National Safety Council

Professional Rescuer **CPR Course**

Course Completion Date:

04/02/2003

Course Expiration Date:

04/2005

Instructional Hours:

4

Alan G. McMillan, President

SAFETY AND FIRST-AID EDUCATION

TRAINING CENTER

G. Wellenstein, EMT **0489749**

Instructor Name

Security Control No.

Instructor Number

188386

Keep this card for your records. Void if reproduced.

For re-certification, contact us at least one month prior to the expiration day on front of card

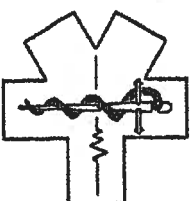
S.A.F.E.
5 Otsego Ave
Lowell, MA 01851

Tel (978) 924-1981
Fax (603) 375-8327

Email:
safe@nesbg.com

SAFETY AND FIRST-AID EDUCATION

*"Where your SAFETY
is our Business"*



**National Safety
Council Training
Agency**

Custom First Aid, CPR and Safety Programs

Est. 1994



StarGuard Professional Lifeguard Course Completion Authorization

Starfish
Aquatics
INSTITUTE
5518

To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS HARD)

Last Name Horvath First Name Deirdre Middle Initial R

Street Address 77 Liberty St.

City Acton State MA Country USA Zip Code 01720

Home Phone (978 263 4965) Work Phone () ☐ Male ☒ Female

Date of Birth 12/21/87 Email address yellow1221@hotmail.com

Location where you took your training HARVARD RIDGE Course completion date 4/4/2004

☒ New Student ☐ Renewal ☐ Crossover or Replacement card. Completion date of original training: _____

List the location where you will be working (if known) _____

Statement of Understanding:

I understand the training requirements for the StarGuard course and/or the _____ enhanced training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that my skills must be evaluated annually to renew my authorization.

Student Signature Deirdre Horvath Date 4/4/04

Course Evaluation: Please rate the following elements. 5 = excellent/strongly agree.

Additional comments are encouraged and appreciated. Please use back of top copy.

	5	4	3	2	1
Student manuals were easy to use and understand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor(s) exhibited a professional attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor(s) were knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall score for this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Constant and dedicated surveillance was provided during all water sessions. ☐ Yes ☐ No

What did you find to be most outstanding about this course? _____

What would you suggest for improvement? _____

Have you previously completed a lifeguard training course ☐ No ☐ Yes - Which course? _____

To be completed by Instructor:

I certify that: This individual has completed the course requirements and demonstrated competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature [Signature] Instructor Number 129 Course Completion Date 4/4/04

StarGuard® is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment, or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. During training, student has demonstrated competency in 9 ft of water.

Enhanced Training designated by SOLID circle.

Designations must match original Authorization form at national office.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Emergency Oxygen | <input type="checkbox"/> Waterpark/Play Features | <input checked="" type="checkbox"/> AED |
| <input type="checkbox"/> Wilderness Only | <input type="checkbox"/> Wilderness plus Pool StarGuard | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Triathlon Only | <input type="checkbox"/> Triathlon plus Pool StarGuard | |

AMERICAN SAFETY & HEALTH INSTITUTE 800-248-5101
www.starfishaquatics.org



AMERICAN SAFETY & HEALTH INSTITUTE
STARFISH AQUATICS INSTITUTE

Name Deirdre Horvath
StarGuard® Professional Lifeguard
Includes American Safety & Health Institute certification for:
☒ CPR Professional Rescuer
☒ First Aid-Universal
☒ Bloodborne Pathogens
Authorization Number 5518 Valid thru 04-04-05
Instructor Number 129 COURSE COMPLETION CARD



This recognizes that
CELIA JENKINS
has completed the requirements for
Lifeguard Training and First Aid
conducted by
THOREAU CLUB
Date completed **04/11/2002**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.



This recognizes that
CELIA JENKINS
has completed the requirements for
CPR for the Professional Rescuer
(ECC 2000)
conducted by
THOREAU CLUB
Date completed **04/11/2002**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



Norman R. Agutter
Chairman, American Red Cross



Instructor's Signature
[Signature]

HIV/AIDS
Education



Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature



Cert. 653999 (Rev. Feb. 1999)



Norman R. Agutter
Chairman, American Red Cross



Instructor's Signature
[Signature]

HIV/AIDS
Education



Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature



Cert. 653999 (Rev. Feb. 1999)

StarGuard® is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated competency in 0 ft of water.

Enhanced Training/Supplement Modules:

Designations must match original authorization form at national office.

- ☐ Emergency Oxygen ☐ Waterpark/Play Features ☐ AED
☐ Wilderness Only ☐ Wilderness plus Pool StarGuard ☐ Watertfront

www.starfishaquatics.org
www.aquaticsinfo.org

Starfish Aquatics Institute®

Name Kyle Hutton

StarGuard®

Includes American Safety & Health Institute certification for:

Professional Lifeguard
CPR Professional Rescuer
First Aid Universal
Bloodborne Pathogens

Authorization Number 7346
Instructor Number 158

Valid thru 5/11/06
COURSE COMPLETION CARD

American Red Cross



Together, we can save a life

This recognizes that

Jenna Barr

has completed the requirements for

**CPR/AED FOR THE
PROFESSIONAL RESCUER**

conducted by

Washtenaw County Chapter

Date completed 04.02.05

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.


Chairman, American Red Cross

Instructor's Signature


Chapter
MERRIMACK VALLEY CHAPTER

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

American Red Cross



Together, we can save a life

This recognizes that
Jenna Barr

has completed the requirements for

CPR/FPR

conducted by

MERRIMACK VALLEY CHAPTER

Date completed 5/26/04

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.




Chairman, American Red Cross

Instructor's Signature


Chapter
MERRIMACK VALLEY CHAPTER

Holder's Signature



32110



HLV/AIDS
Education



Cert. 6534601 (Rev. July 1997)

American Red Cross



This recognizes that

Jenna Barr

has completed the requirements for

**LIFEGUARD TRAINING AND
COMMUNITY FIRST AID AND SAFETY**

conducted by

MERRIMACK VALLEY CHAPTER

Date completed 5/26/04

The American Red Cross recognizes this certificate as valid for 3 years from completion date.

recertification

StarGuard® is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated competency in 9 ft of water.

Enhanced Training/Supplement Modules:

Designations must match original authorization form at national office.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Emergency Oxygen | <input type="checkbox"/> Waterpark/Play Features | <input checked="" type="checkbox"/> AED |
| <input type="checkbox"/> Wilderness Only | <input type="checkbox"/> Wilderness plus Pool StarGuard | <input type="checkbox"/> Waterfront |

www.starfishaquatics.org
www.starfishinstitute.org

Starfish Aquatics Institute®

Hayley Didriksen
Name



Professional Lifeguard
Includes American Safety & Health Institute® certification for:
CPR Professional Rescuer
First Aid-Universal
Bloodborne Pathogens

Authorization Number 7347
Instructor Number 158

Valid thru 5/12/06
COURSE COMPLETION CARD